Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF OHIO	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

# Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your	e the name that is on government-issued are identification (for mple, your driver's	Cheryl First name	First name
	license or passport).	Middle name	Middle name	
	iden	g your picture tification to your ting with the trustee.	Miller Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years		
		de your married or den names.		
3.	you num Indi	y the last 4 digits of r Social Security liber or federal vidual Taxpayer utification number	xxx-xx-2009	

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.		☐ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)		Business name(s)		
		EIN	-	EIN		
5.	Where you live	710 Bennett St.		If Debtor 2 lives at a different address:		
		Marion, OH 43302  Number, Street, City, State & ZIP Code	-	Number, Street, City, State & ZIP Code		
		Marion				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	-	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:		Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	choosing to file under	■ Cha	pter 7				
		☐ Cha	pter 11				
		☐ Cha	pter 12				
		☐ Cha	pter 13				
3.	How you will pay the fee	a o	bout how y	ou may pay. Typi attorney is subm	cally, if you are paying the fee yo	with the clerk's office in your local court for more detail urself, you may pay with cash, cashier's check, or mone alf, your attorney may pay with a credit card or check wit	
			need to pa	y the fee in insta		n, sign and attach the Application for Individuals to Pay	
			J		(Official Form 103A).	only if you are filing for Chapter 7. By law, a judge may	
		b a	ut is not rec pplies to yo	uired to, waive your family size and	our fee, and may do so only if you d you are unable to pay the fee in	in in your did ning to onaptor 7. By lath, a judge may ur income is less than 150% of the official poverty line the installments). If you choose this option, you must fill our ial Form 103B) and file it with your petition.	
).	Have you filed for bankruptcy within the	■ No.					
	last 8 years?	☐ Yes.					
			District			Case number	
			District		When	Case number	
			District		When	Case number	
0.	Are any bankruptcy cases pending or being	■ No					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
1.	Do you rent your residence?	■ No.	Go to	line 12.			
	residence:	☐ Yes.	Has y	our landlord obtai	ned an eviction judgment against	you?	
				No. Go to line 1	2.		

Case number (if known)

Debtor 1 Cheryl L Miller

Deb	otor 1 Cheryl L Miller			Case number (if known)
Par	t 3: Report About Any Bu	ısinesses	You Own as a Sole Proprier	tor
12. Are you a sole propriet of any full- or part-time business?		□ No.	Go to Part 4.	
	business.	■ Yes.	Name and location of bus	iness
	A sole proprietorship is a	<b>—</b> 103.		
	business you operate as		Self-employed	
	an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any	
	If you have more than one		710 Bennett St.	
	sole proprietorship, use a		Marion, OH 43302  Number, Street, City, State	te & ZIP Code
	separate sheet and attach it to this petition.		•	x to describe your business:
				ness (as defined in 11 U.S.C. § 101(27A))
			☐ Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
			☐ Stockbroker (as d	efined in 11 U.S.C. § 101(53A))
			☐ Commodity Broke	r (as defined in 11 U.S.C. § 101(6))
			None of the above	
Chapter 11 of the proceed under Subchapter V so that it can set appropriate deadlines. If you you are choosing to proceed under Subchapter V, you must attach your mo		court must know whether you are a small business debtor or a debtor choosing to a can set appropriate deadlines. If you indicate that you are a small business debtor or bchapter V, you must attach your most recent balance sheet, statement of operations, ne tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C.		
	For a definition of small business debtor, see 11 U.S.C. § 101(51D).	No.	I am not filing under Chap	oter 11.
		□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.		11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.
		☐ Yes.		11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.
Par	•	<u> </u>	Hazardous Property or An	y Property That Needs Immediate Attention
14.	Do you own or have any property that poses or is	■ No.		
	alleged to pose a threat of imminent and	☐ Yes.	What is the hazard?	
	identifiable hazard to		What is the hazard?	
	public health or safety? Or do you own any			
	property that needs immediate attention?		If immediate attention is needed, why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	
				Number, Street, City, State & Zip Code

#### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

DUL	Cheryi L Miller				
Par	t 6: Answer These Quest	ons for Re	eporting Purposes		
16.	What kind of debts do you have?	16a.	individual primarily for a pe		ned in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.			the operation of the business or investment.  Insumer debts or business debts  at after any exempt property is excluded and administrative expenses to unsecured creditors?  DODO
			☐ No. Go to line 16c.		
			Yes. Go to line 17.		
		16c.	State the type of debts you	owe that are not consumer debts or busines	ss debts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapte	ur debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an all primarily for a personal, family, or household purpose."  Go to line 16b.  Go to line 17.  ur debts primarily business debts? Business debts are debts that you incurred to obtain for a business or investment or through the operation of the business or investment.  Go to line 17.  te type of debts you owe that are not consumer debts or business debts  t filling under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses it that funds will be available to distribute to unsecured creditors?    1,000-5,000	
	Do you estimate that after any exempt property is excluded and	Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative experienced are paid that funds will be available to distribute to unsecured creditors?			
	administrative expenses		■ No		Bruner debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an al, family, or household purpose."  Incess debts? Business debts are debts that you incurred to obtain nent or through the operation of the business or investment.  Intain are not consumer debts or business debts  Go to line 18.  Go to line 18.  You estimate that after any exempt property is excluded and administrative expenses able to distribute to unsecured creditors?    1,000-5,000
	are paid that funds will be available for		□Yes		
	distribution to unsecured creditors?				
18.	How many Creditors do	<b>1</b> -49		□ 1,000-5,000	□ 25,001-50,000
	you estimate that you owe?	□ 50-99		<b>5001-10,000</b>	<b>5</b> 0,001-100,000
		☐ 100-19 ☐ 200-99		☐ 10,001-25,000	☐ More than100,000
19.	How much do you	<b>S</b> \$0 - \$5	50,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion
			001 - \$500,000		
		□ \$500,0	001 - \$1 million	<b>—</b> \$100,000,001 - \$500 million	☐ More than \$50 billion
20.	How much do you	<b>S</b> 0 - \$5	50,000		
	estimate your liabilities to be?		01 - \$100,000		
			001 - \$500,000 001 - \$1 million	_ ' ' ' '	_ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
		<b>—</b> \$500,0	901 - \$1 Hillion	_ +,	
Par	t 7: Sign Below				
For	you	I have ex	amined this petition, and I de	eclare under penalty of perjury that the inform	mation provided is true and correct.
					ot an attorney to help me fill out this
		I request	relief in accordance with the	e chapter of title 11, United States Code, spe	cified in this petition.
		bankrupto and 3571	cy case can result in fines up		
		Cheryl I	yl L Miller - Miller of Debtor 1	Signature of Debto	or 2
		Executed	on August 7, 2020	Executed on	
			MM / DD / YYYY	MIV	1/DD/YYYY

Debtor 1 Cheryl L Miller		Cas	se number (if known)
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petition under Chapter 7, 11, 12, or 13 of title 11, United Star for which the person is eligible. I also certify that I h	tes Code, and have e	explained the relief available under each chapter
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, certif schedules filed with the petition is incorrect.	y that I have no knov	vledge after an inquiry that the information in the
	/s/ M. Elizabeth Martindell	Date	August 7, 2020
	Signature of Attorney for Debtor		MM / DD / YYYY
	M. Elizabeth Martindell 0083920 Printed name		
	M. Elizabeth Martindell, Esq. LLC		
	1241 East Center Street		
	Ste. C		
	Marion, OH 43302		
	Number, Street, City, State & ZIP Code		

Email address

Contact phone (740)382-6588

0083920 OH
Bar number & State

ElizabethMartindell@gmail.com

Fill	Fill in this information to identify your case:			
Del	Debtor 1 Cheryl L Miller			
Del	First Name Middle Name  Debtor 2	Last Name		
	Spouse if, filing)  First Name  Middle Name	Last Name		
Uni	United States Bankruptcy Court for the: NORTHERN DISTRICT OF C	DHIO		
	Case numberif known)		☐ Check if the amended	
				3
Of	Official Form 106Sum			
	Summary of Your Assets and Liabilities and C	Certain Statistical Information	12/1	5
info you	te as complete and accurate as possible. If two married people are formation. Fill out all of your schedules first; then complete the infoour original forms, you must fill out a new <i>Summary</i> and check the Part 1: Summarize Your Assets	ormation on this form. If you are filing amende		
rai	Summarize four Assets		V	_
			Your asset Value of wh	at you own
1.	Schedule A/B: Property (Official Form 106A/B)     1a. Copy line 55, Total real estate, from Schedule A/B		\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B		\$	1,790.00
	1c. Copy line 63, Total of all property on Schedule A/B		\$	1,790.00
Par	Part 2: Summarize Your Liabilities			
			Your liabili	ties
			Amount you	
2.	<ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Office 2a. Copy the total you listed in Column A, Amount of claim, at the both security of the column A.</li> </ol>		\$	0.00
3.	<ol> <li>Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 3a. Copy the total claims from Part 1 (priority unsecured claims) from</li> </ol>		\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims)	) from line 6j of Schedule E/F	\$	9,576.00
		Your total liabilities	\$	9,576.00
Par	Part 3: Summarize Your Income and Expenses			
4.	<ol> <li>Schedule I: Your Income (Official Form 106I)</li> <li>Copy your combined monthly income from line 12 of Schedule I</li> </ol>		\$	367.00
5.	<ol> <li>Schedule J: Your Expenses (Official Form 106J)</li> <li>Copy your monthly expenses from line 22c of Schedule J</li> </ol>		\$	367.00
Par	Part 4: Answer These Questions for Administrative and Statistical	I Records		
6.	6. Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check the second of the form.	this box and submit this form to the court with you	ır other schedu	ıles.
7.	■ Yes 7. What kind of debt do you have?			
	Your debts are primarily consumer debts. Consumer debts household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for second purpose.		a personal, fam	nily, or
	Your debts are not primarily consumer debts. You have not the court with your other schedules.		box and subm	it this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_1,399.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Cheryl L Miller First Name	case and this filing:				
	Middle Name	Last Name			
	inidale Hame	240(14411)			
First Name	Middle Name	Last Name			
kruptcy Court for the:	NORTHERN DISTRICT OF O	HIO			
					Objects (City)
					Check if this is an amended filing
					· ·
m 1064/R					
					2/15
as complete and accur space is needed, attack	ate as possible. If two married peo	pple are filing together, both a	re equally responsible for	supplyin	g correct
ach Residence, Buildin	g, Land, or Other Real Estate You	Own or Have an Interest In			
ave any legal or equitab	le interest in any residence, buildi	ng, land, or similar property?			
	•				
tne property?					
our Vehicles					
cks, tractors, sport u	tility vehicles, motorcycles				
ord	Who has an interest in	the meaning of	Do not deduct secure	d claims o	exemptions. Put
		the property? Check one	the amount of any sec	cured claim	ns on Schedule D:
		2 only	entire property?		ent value of the ion you own?
ation:	At least one of the d	ebtors and another			
itle	Check if this is con (see instructions)	nmunity property	\$600.00	<u> </u>	\$600.00
,	ATVs and other recreational vesonal watercraft, fishing vessels,	,			
	parately list and descril as complete and accur space is needed, attack ion. Each Residence, Buildin ave any legal or equitab 2. the property?  Your Vehicles e, or have legal or eq es. If you lease a vehic cks, tractors, sport u  ford 150 997 mileage: 246 ation:	parately list and describe items. List an asset only once. as complete and accurate as possible. If two married per space is needed, attach a separate sheet to this form. On ion.  Each Residence, Building, Land, or Other Real Estate You ave any legal or equitable interest in any residence, building.  2. the property?  Your Vehicles  Be, or have legal or equitable interest in any vehicles as. If you lease a vehicle, also report it on Schedule Ges. If you lease a vehicle, also report it on Schedule Ges. If you lease a vehicle, also report it on Schedule Ges.  Tord  Who has an interest in Debtor 1 only  Debtor 2 only  mileage: at 150 Debtor 1 and Debtor at an and Debtor at an	parately list and describe items. List an asset only once. If an asset fits in more than on a sa complete and accurate as possible. If two married people are filing together, both as space is needed, attach a separate sheet to this form. On the top of any additional pagnion.  Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In average any legal or equitable interest in any residence, building, land, or similar property?  2. the property?  Your Vehicles  e, or have legal or equitable interest in any vehicles, whether they are registees. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Utecks, tractors, sport utility vehicles, motorcycles  Who has an interest in the property? Check one  150  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	parately list and describe items. List an asset only once. If an asset fits in more than one category, list the asser as complete and accurate as possible. If two married people are filing together, both are equally responsible for space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and of sion.  Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In average any legal or equitable interest in any residence, building, land, or similar property?  2. the property?  Four Vehicles  E., or have legal or equitable interest in any vehicles, whether they are registered or not? Include any ass. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.  Cks, tractors, sport utility vehicles, motorcycles  Who has an interest in the property? Check one the amount of any sec Creditors Who Have (150	parately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the car as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplyin space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case numbion.  Sach Residence, Building, Land, or Other Real Estate You Own or Have an Interest In average any legal or equitable interest in any residence, building, land, or similar property?  2. the property?  Your Vehicles  e, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles set. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.  Cks, tractors, sport utility vehicles, motorcycles  Who has an interest in the property? Check one the amount of any secured claims or the amount of any secured claims or the amount of any secured claims for the amount of any secured claims or the amount of any secure

Official Form 106A/B Schedule A/B: Property page 1

De	ebtor 1	Cheryl L Mille	er	Case number	(if known)
6.		old goods and fu es: Major appliand	urnishings ces, furniture, linens, china, kitchenware		
		Describe			
			Bench, side table, upright freezer, miscellaneous appliances and household items	other small	\$400.00
7.	□No	es: Televisions ar	nd radios; audio, video, stereo, and digital equipment; compu phones, cameras, media players, games	ters, printers, scanners	s; music collections; electronic devices
			Television and cell phone		\$150.00
8.	Example  No		figurines; paintings, prints, or other artwork; books, pictures, ons, memorabilia, collectibles	or other art objects; sta	amp, coin, or baseball card collections;
9.	Example  No	ent for sports an es: Sports, photog musical instru Describe	graphic, exercise, and other hobby equipment; bicycles, pool	tables, golf clubs, skis	; canoes and kayaks; carpentry tools;
			Elliptical		\$200.00
	■ No □ Yes. Clothes	oles: Pistols, rifles  Describe	, shotguns, ammunition, and related equipment sthes, furs, leather coats, designer wear, shoes, accessories		
	Yes.	Describe			
			Clothing		\$200.00
12.	□ No		velry, costume jewelry, engagement rings, wedding rings, hei	irloom jewelry, watches	s, gems, gold, silver
			Necklace, ring		\$150.00
13.	Examp □ No	rm animals oles: Dogs, cats, b	pirds, horses		
			One dog		\$0.00

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No

De	ebtor 1 Che	ryl L Miller		Case number (if known)	
	☐ Yes. Give s	specific information.			
15				Part 3, including any entries for pages you have attached	\$1,100.00
				L	
		Your Financial Asset			
Do	you own or h	ave any legal or e	quitable interest in	any of the following?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
	Cash Examples: M □ No	oney you have in y	our wallet, in your ho	ome, in a safe deposit box, and on hand when you file your petitio	n
	■ Yes				
				Cash	\$30.00
		necking, savings, o stitutions. If you ha		ounts; certificates of deposit; shares in credit unions, brokerage h s with the same institution, list each.  Institution name:	ouses, and other similar
		17.1.	Savings	Pillar Credit Union	\$5.00
_					
		17.2.	Checking	Pillar Credit Union	\$55.00
				okerage firms, money market accounts name:	
19.	Non-publicly joint venture		interests in incorp	orated and unincorporated businesses, including an interest	in an LLC, partnership, and
	■ No				
	☐ Yes. Give s	•	about themne of entity:	% of ownership:	
20.	Negotiable in	struments include p	ersonal checks, cas	otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.	
	■ No □ Yes. Give s	pecific information a	about them uer name:		
21.		r pension account terests in IRA, ERIS		403(b), thrift savings accounts, or other pension or profit-sharing p	olans
	■ No	-l	al.		
	⊔ Yes. List ea	ch account separat Type	ely. of account:	Institution name:	
22.	Your share of		s you have made so	o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications compani	ies, or others
	■ No □ Yes			Institution name or individual:	

D	ebtor 1	Cheryl L I	Miller		Case number (if known)	
23	Annuiti	es (A contrac	ct for a periodic pa	yment of money to you, either for lif	e or for a number of years)	
	☐ Yes		Issuer name and	description.		
24.			<b>ation IRA, in an a</b> 1), 529A(b), and 5		am, or under a qualified state tuition pro	ogram.
	☐ Yes		Institution name	and description. Separately file the	records of any interests.11 U.S.C. § 521(c)	:
25	Trusts,	equitable or	future interests	n property (other than anything	listed in line 1), and rights or powers ex	ercisable for your benefit
	☐ Yes.	Give specific	information about	them		
26				de secrets, and other intellectual bsites, proceeds from royalties and		
		Give specific	information about	them		
27			es, and other gene permits, exclusive		oldings, liquor licenses, professional licens	ses
		Give specific	information about	them		
M	oney or p	property owe	ed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28	Tax refu	unds owed t	o you			·
	■ No □ Yes. 0	Give specific	information about	them, including whether you alread	y filed the returns and the tax years	
29	Family : Examp		or lump sum alim	ony, spousal support, child support	, maintenance, divorce settlement, property	y settlement
	☐ Yes. 0	Give specific	information			
30	Examp.	<i>les:</i> Unpaid w		surance payments, disability benefi made to someone else	ts, sick pay, vacation pay, workers' compe	ensation, Social Security
	■ No □ Yes.	Give specific	information			
31.	_Examp	s in insuran les: Health, d		urance; health savings account (HS	SA); credit, homeowner's, or renter's insura	nce
	■ No □ Yes. N	Name the ins	urance company c	f each policy and list its value.		
			Company	name:	Beneficiary:	Surrender or refund value:
32.	If you a someor			ou from someone who has died st, expect proceeds from a life insu	rance policy, or are currently entitled to rec	eive property because
	□ No ■ Yes.	Give specific	information			
				is an asset of the estate. Th	r in October 2019 and his house e house is in distressed s some value on to debtor when	Unknown

Official Form 106A/B Schedule A/B: Property page 4

Deb	tor 1	Cheryl L Miller		Case number (if known)	
	Examp No	against third parties, whether or not you have filed a law les: Accidents, employment disputes, insurance claims, or rig		and for payment	
	Yes.	Describe each claim			
	No	ontingent and unliquidated claims of every nature, includ	ling counterclaims o	of the debtor and rights to	set off claims
L	I Yes.	Describe each claim			
_		ancial assets you did not already list			
	No	Oire an arifin information			
	res.	Give specific information			
36.		ne dollar value of all of your entries from Part 4, including rt 4. Write that number here			\$90.00
Part	5: De:	scribe Any Business-Related Property You Own or Have an Intere	st In. List any real esta	ite in Part 1.	
37 D	o voli c	wn or have any legal or equitable interest in any business-relate	d property?		
		to Part 6.	a proporty .		
	Yes. G	o to line 38.			
Part		scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. <b>[</b>	o you	own or have any legal or equitable interest in any farm-	or commercial fishin	g-related property?	
	No.	Go to Part 7.			
	☐ Yes	Go to line 47.			
		_			
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	Examp	have other property of any kind you did not already list? les: Season tickets, country club membership			
	No	O're and the later and the			
L	I Yes.	Give specific information			
54.	Add t	ne dollar value of all of your entries from Part 7. Write tha	t number here		\$0.00
		·		L	
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$0.00
56.		: Total vehicles, line 5	\$600.00		Ψ0.00
57.	Part 3	: Total personal and household items, line 15	\$1,100.00		
58.	Part 4	: Total financial assets, line 36	\$90.00		
59.	Part 5	: Total business-related property, line 45	\$0.00		
60.		: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$1,790.00	Copy personal property to	tal \$1,790.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$1,790.00

Debtor 1	Cheryl L Miller			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO	
Case number				
(if known)				Check if this is an amended filing
O#: a: a l = E a	1000			
Omciai Fo	orm 106C			
<u> </u>				

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exemp
--

1.	Which set of exemp	otions are you claimin	ng? Check one only	, even if	your spouse	is filing	g with	you.
----	--------------------	------------------------	--------------------	-----------	-------------	-----------	--------	------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

	otion of the property and line on B that lists this property	Current value of the portion you own			Specific laws that allow exemption	
		Copy the value from Check only one box for each exemption. Schedule A/B				
1997 Ford Salvage t	l F150 240000 miles	\$600.00		\$600.00	Ohio Rev. Code Ann. § 2329.66(A)(2)	
	chedule A/B: <b>3.1</b>			100% of fair market value, up to any applicable statutory limit	2020:00(: 1)(2)	
•	de table, upright freezer, eous other small	\$400.00		\$400.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
appliance	es and household items chedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	2020.00(1.)(4)(d)	
	n and cell phone	\$150.00		\$150.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
Line nom e	oneddie 74 B. TT			100% of fair market value, up to any applicable statutory limit	2020.00(/1)(4)(4)	
Elliptical	chedule A/B: <b>9.1</b>	\$200.00		\$200.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
20	onedate 702. UT			100% of fair market value, up to any applicable statutory limit	2020:000 1, 1, 1, 2, 1	
Clothing	chedule A/B: 11.1	\$200.00		\$200.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
Line noin e	onodalo NB. IIII			100% of fair market value, up to any applicable statutory limit		

ebtor 1 Cheryl L Miller			Case number (if known)	<u> </u>	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	Specific laws that allow exemption		
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
Necklace, ring Line from Schedule A/B: 12.1	\$150.00		\$150.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)	
Line Holli Schedule AVD. 12.1			100% of fair market value, up to any applicable statutory limit	2329.30(A)(4)(D)	
One dog Line from Schedule A/B: 13.1	\$0.00		\$0.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
Ellie Holli Genedale Av.B. 1911			100% of fair market value, up to any applicable statutory limit	2020.00(//)(4)(a)	
Cash Line from Schedule A/B: 16.1	\$30.00		\$30.00	Ohio Rev. Code Ann. § 2329.66(A)(3)	
Ellie Holli Genedale Av.B. 1911			100% of fair market value, up to any applicable statutory limit	2020.00(//)(0)	
Savings: Pillar Credit Union Line from Schedule A/B: 17.1	\$5.00		\$5.00	Ohio Rev. Code Ann. § 2329.66(A)(3)	
Line Irom Schedule A/B. 11.1			100% of fair market value, up to any applicable statutory limit	2020.00(A)(0)	
Checking: Pillar Credit Union Line from Schedule A/B: 17.2	\$55.00	\$55.00		Ohio Rev. Code Ann. § 2329.66(A)(3)	
Ellie Holli Genedale AVB. 1112			100% of fair market value, up to any applicable statutory limit	2020.00(//)(0)	
Debtor's father passed away in October 2019 and his house is an	Unknown		\$1,325.00	Ohio Rev. Code Ann. § 2329.66(A)(18)	
asset of the estate. The house is in distressed condition but will likely pass some value on to debtor wher the estate moves forward.  Line from Schedule A/B: 32.1			100% of fair market value, up to any applicable statutory limit	2020.00(11)(10)	
Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and eve			iled on or after the date of adjustme	nt.)	
Yes. Did you acquire the property cov	ered by the exemption w	ithin 1	,215 days before you filed this case	?	
□ No			•		
☐ Yes					

Fill in this inform	fill in this information to identify your case:							
Debtor 1	Cheryl L Miller							
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF OHIO						
Case number								
(if known)					☐ Check if this is an			
					amended filing			

### Official Form 106D

# Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

Fill in t	his informa	ation to identify your	case:					
Debtor	1	Cheryl L Miller First Name	Middle Nam	ne	Last Name			
Debtor		First Name	Middle Nam		Last Name			
(Spouse i		kruptcy Court for the:	NORTHERN					
Offica	Otates Baril	truptoy Court for the.	TORTHERIN		1 01110			
Case n (if known)								Check if this is an amended filing
Offici-	al Form	106E/E						
		F: Creditors W	/ho Have I	Insocure	ad Claims			12/15
					ORITY claims and Part 2 for o			
eft. Atta	ch the Conti d case numb		ge. If you have no	information to	e is needed, copy the Part yo o report in a Part, do not file			
1. Do		s have priority unsecure						
	No. Go to Par	t 2.						
	Yes.							
Part 2:	List All	of Your NONPRIORIT	Y Unsecured C	laims				
3. Do	any creditors	s have nonpriority unsec	cured claims aga	inst you?				
_		nothing to report in this p	eart. Submit this for	rm to the court	with your other schedules.			
	Yes.							
uns	ecured claim, n one creditor	list the creditor separately	y for each claim. F	or each claim li	of the creditor who holds each isted, identify what type of clair you have more than three nongered.	n it is. Do not list claims a	ılready i	included in Part 1. If more
	. <b>.</b> .							Total claim
4.1	CBHV	2 15 1 11	L	ast 4 digits of	account number			\$122.00
	PO Box 8	-	v	Vhen was the o	debt incurred?			
	Number Stre	ph, NY 12551-0831 eet City State Zip Code ed the debt? Check one.		s of the date y	you file, the claim is: Check a	Il that apply		
	_		-	<b>7</b>				
	Debtor 1	•		Contingent				
	Debtor 2	•		Unliquidated				
		and Debtor 2 only one of the debtors and an	_	☐ Disputed  Type of NONPR	RIORITY unsecured claim:			
	_	this claim is for a com	сило.	Student loan				
	debt			☐ Obligations a	arising out of a separation agre	ement or divorce that you	ı did no	t
		subject to offset?		eport as priority		d other dischar d 1.1		
	■ No			•	nsion or profit-sharing plans, an	u other similar debts		
	☐ Yes			Other Creek	Midnight Velvet			

Debto	Cheryl L Miller		Case number (if known)				
4.2	Choice Recovery  Nonpriority Creditor's Name	Last 4 digits of account number	9700	\$133.00			
	1105 Schrock Road Columbus, OH 43229	When was the debt incurred?	Opened 01/16 Last Active 05/15				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	No	Debts to pension or profit-sharin	g plans, and other similar debts				
	□Yes	■ Other. Specify Group	Attorney Premier Optometry				
1.3	Comenity Bank Nonpriority Creditor's Name	Last 4 digits of account number		\$714.00			
	P.O. Box 182273 Columbus, OH 43218-2273	When was the debt incurred?					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Elder-Beeri	man				
1.4	Comenity Bank Nonpriority Creditor's Name	Last 4 digits of account number		\$560.00			
	P.O. Box 182273 Columbus, OH 43218-2273	When was the debt incurred?					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	☐ Yes	Other. Specify Fashion Bu	ıg				

Debto	Cheryl L Miller		Case number (if known)					
4.5	First Premier Bank	Last 4 digits of account number	2060	\$1,258.00				
	Nonpriority Creditor's Name  3820 N Louise Ave Sioux Falls, SD 57107	When was the debt incurred?	Opened 08/07 Last Active 10/15					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply					
	Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	Yes	Other. Specify Credit Card	<u> </u>					
1.6	Kohl's Payment Center Nonpriority Creditor's Name	Last 4 digits of account number		\$185.00				
	PO Box 2983	When was the debt incurred?						
	Milwaukee, WI 53201-2983  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim						
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not					
	No	Debts to pension or profit-sharing						
	Yes	Other. Specify						
1.7	Mdnght VIvt Nonpriority Creditor's Name	Last 4 digits of account number	7550	\$122.00				
	1112 7th Ave Monroe, WI 53566	When was the debt incurred?	Opened 3/25/13 Last Active 9/18/15					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim						
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured						
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharin	on plane, and other cimilar debte					
	■ No							
	Yes	Other. Specify Charge Acc	count					

1 Cheryl L Miller		Case number (if known)				
Meade & Associates Inc Nonpriority Creditor's Name	Last 4 digits of account number		\$100.0			
737 Enterprise Dr Lewis Center, OH 43035-9436	When was the debt incurred?					
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply				
Who incurred the debt? Check one.	•	,				
■ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
☐ Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
Yes	Other. Specify					
Midland Funding Nonpriority Creditor's Name	Last 4 digits of account number	9661	\$2,934.00			
320 East Big Beaver	When was the debt incurred?	Opened 05/16 Last Active 10/15				
Troy, MI 48083  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
■ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another						
☐ Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
Yes	■ Other. Specify Factoring C	Company Account Webbank				
Midwst Rcvry	Last 4 digits of account number	6296	\$536.00			
Nonpriority Creditor's Name	_					
514 Earth City Plaza Earth City, MO 63045	When was the debt incurred?	Opened 6/02/20 Last Active 02/16				
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
■ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
☐ Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	d claim:					
☐ Check if this claim is for a community						
debt						
Is the claim subject to offset?						
No						
Yes	Other. Specify 12 Kay Jew	elers				

1 Cheryl L Miller		Case number (if known)				
Physicians Credit Bureau	Last 4 digits of account number		\$100.0			
Nonpriority Creditor's Name PO Box 2051	When was the debt incurred?					
New Albany, OH 43054  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
Who incurred the debt? Check one.						
■ Debtor 1 only	☐ Contingent					
☐ Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
Yes	Other. Specify					
Portfolio Recov Assoc Nonpriority Creditor's Name	Last 4 digits of account number	4772	\$2,048.0			
120 Corporate Blvd Ste 100 Norfolk, VA 23502	When was the debt incurred?	Opened 04/16 Last Active 10/15				
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
■ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts				
Yes	Other. Specify  Factoring (  Bank	Company Account Synchrony				
Portfolio Recov Assoc	Last 4 digits of account number	3607	\$603.0			
Nonpriority Creditor's Name  120 Corporate Blvd Ste 100	When was the debt incurred?	Opened 04/16 Last Active				
Norfolk, VA 23502 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
Who incurred the debt? Check one.	_					
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	Disputed	d alaim.				
At least one of the debtors and another	Type of NONPRIORITY unsecure					
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
No	Debts to pension or profit-sharing	ng plans, and other similar debts				
140		Company Account Synchrony				
☐ Yes	Other. Specify Bank	Joinpany Account Syncinony				

Debto	1 Cheryl L Miller		Case number (if known)					
4.1 4	Sears/cbna	Last 4 digits of account number	3038	\$136.00				
	Nonpriority Creditor's Name  Po Box 6217  Signar Falls SD 57447	When was the debt incurred?	Opened 08/03 Last Active 6/26/20					
	Sioux Falls, SD 57117  Number Street City State Zip Code	As of the date you file, the clain	n is: Check all that apply	•				
	Who incurred the debt? Check one.	,	oncon all that apply					
	Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecur	ed claim:					
	☐ Check if this claim is for a community	Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a sepreport as priority claims	paration agreement or divorce that you did not					
	■ No	Debts to pension or profit-shar	ring plans, and other similar debts					
	Yes	Other. Specify Credit Car	rd	_				
4.1 5	Verizon	Last 4 digits of account number	r	\$25.00				
	Nonpriority Creditor's Name PO Box 25505 Lehigh Valley, PA 18002-5505	When was the debt incurred?		-				
	Number Street City State Zip Code	As of the date you file, the clain	n is: Check all that apply					
	Who incurred the debt? Check one.	_						
	Debtor 1 only	Contingent						
	Debtor 2 only	Unliquidated						
	Debtor 1 and Debtor 2 only	Disputed						
	At least one of the debtors and another							
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a sep	paration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-shar	ring plans, and other similar debts					
	■ No □ Yes	·						
	<b>—</b> 163	Other. Specify		<del>-</del> 				
is try have	List Others to Be Notified About a Don's page only if you have others to be notified ing to collect from you for a debt you owe to smore than one creditor for any of the debts the defor any debts in Parts 1 or 2, do not fill out	about your bankruptcy, for a debt that someone else, list the original creditor nat you listed in Parts 1 or 2, list the ad or submit this page.	in Parts 1 or 2, then list the collection agency ditional creditors here. If you do not have ad	y here. Similarly, if you				
	ınd Address <b>Associates</b>	On which entry in Part 1 or Part 2 did you Line <b>4.10</b> of (Check one):	ou list the original creditor?  Part 1: Creditors with Priority Unsecured Clai	lm a				
	onwil Dr		Part 2: Creditors with Nonpriority Unsecured  Part 2: Creditors with Nonpriority Unsecured					
Chee	ktowaga, NY 14225	Last 4 digits of account number	— Tart 2. Greators with Northhority Onsecured	Ciams				
	and Address	On which entry in Part 1 or Part 2 did yo						
	s Colabianchi Jr orporate Blvd	`	Part 1: Creditors with Priority Unsecured Clai					
	lk, VA 23502		Part 2: Creditors with Nonpriority Unsecured	Claims				
	,	Last 4 digits of account number						
Jame 120 C	and Address s Colabianchi Jr orporate Blvd lk, VA 23502		ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Clai ■ Part 2: Creditors with Nonpriority Unsecured					
.45110	in, 17, 20002	Last 4 digits of account number						
Javito	and Address :h Block LLC Superior Ave Floor	<del></del>	ou list the original creditor?  Part 1: Creditors with Priority Unsecured Clai  Part 2: Creditors with Nonpriority Unsecured					

Debtor 1 Cheryl L Miller		Case number (if known)				
Grahn, KY 41142-5210	Last 4 digits of account number					
Name and Address Receivables Performance Management PO Box 1548	On which entry in Part 1 or Part Line <u><b>4.4</b></u> of ( <i>Check one</i> ):	2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims				
Lynnwood, WA 98046-1548	Last 4 digits of account number					
Name and Address Van Ru Credit Corporation 1350 E Touhy Ave Ste 300E Des Plaines, IL 60018-3342	Line 4.1 of (Check one):	2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims				
	Last 4 digits of account number					

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
Total claims	6a.	Domestic support obligations	6a.	\$ 0.00
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	3p	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 9,576.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 9,576.00

Fill in this infor	mation to identify your	case:				
Debtor 1	Cheryl L Miller					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO					
Case number (if known)					☐ Check if this is an	
					amended filing	

## Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Numbe	whom you have the	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.2					_
	Name				
					_
	Number	Street			
	City		State	ZIP Code	_
2.3	Oity		Olalo	Zii Codo	
	Name				<del>_</del>
	Number	Street			
					_
	City		State	ZIP Code	
2.4	- N				<u> </u>
	Name				
					<u> </u>
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.5					
	Name				<del></del>
	Number	Street			_
	City		State	ZIP Code	_
	,				

Fill in this in	formation to identify your	case:		
Debtor 1	Cheryl L Miller			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO	
Case number				☐ Check if this is an amended filing
Official F	Form 106H			
	le H: Your Cod	obtors		12/1
Scriedu	ie II. Tour Cou	CDIOIS		12/1
_	u have any codebtors? (If	you are filing a joint case,	do not list either spouse	e as a codebtor.
■ No □ Yes				
2 Within	the last 0 years, have ye	. lived in a semmunity on		w.2 (Community property office and formitorical include
	California, Idaho, Louisiana			ry? (Community property states and territories include ington, and Wisconsin.)
No Go	o to line 3.			
_	id your spouse, former spo	use, or legal equivalent live	e with you at the time?	
			·	
in line 2	again as a codebtor only 6D), Schedule E/F (Officia	f that person is a guaran	tor or cosigner. Make	r if your spouse is filing with you. List the person sho sure you have listed the creditor on Schedule D (Offi 16G). Use Schedule D, Schedule E/F, or Schedule G t
	Jumn 1: Your codebtor ne, Number, Street, City, State and Z	IP Code		Column 2: The creditor to whom you owe the de Check all schedules that apply:
				_
3.1 Nan	ne			
				☐ Schedule G, line
Nun	nber Street			_
City		State	ZIP Code	
3.2				☐ Schedule D, line
Nan	ne			Schedule E/F, line
				☐ Schedule G, line
	nber Street			_
City		State	ZIP Code	

	in this information to identify yo									
Deb	otor 1 Cheryl L	Miller								
	otor 2 use, if filing)				_					
Uni	ted States Bankruptcy Court for	the: NORTHERN DISTRIC	CT OF OHIO							
	se number own)		-			☐ An ☐ A s		nt showin	g postpetition	chapter
O <sup>i</sup>	fficial Form 106I								onowing date.	
	chedule I: Your Ir	ncome				IVIIV	1 / DD/ Y`	YYY		12/15
sup spo atta	is complete and accurate as polying correct information. If use. If you are separated and ich a separate sheet to this for the Describe Employment	ou are married and not fili your spouse is not filing w m. On the top of any additi	ng jointly, and your ith you, do not inclu	spouse ide infor	is liv mati	ing with yo on about y	ou, inclu our spo	de infornuse. If mo	nation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non-fi	ling spouse	
	If you have more than one job	Employment status	■ Employed	■ Employed			☐ Employed			
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed			☐ Not em	nployed		
	employers.	Occupation	Self-employed	Babysit	ter					
	Include part-time, seasonal, o self-employed work.	r Employer's name	Self							
	Occupation may include stude or homemaker, if it applies.	ent Employer's address	710 Bennett St. Marion, OH 433							
		How long employed t	here? 4 years	5						
Par	t 2: Give Details About	Monthly Income								
spou If yo	mate monthly income as of the unless you are separated.  u or your non-filing spouse have a space, attach a separate sheet	e date you file this form. If		·	·		at persor	n on the li	·	-
									ng spouse	
2.	List monthly gross wages, s deductions). If not paid month			2.	\$	2	00.00	\$	N/A	
3.	Estimate and list monthly of	vertime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Ac	d line 2 + line 3.		4.	\$	200	0.00	\$	N/A	

Debt	or 1	Cheryl L Miller	-		Case	number (if known)				
					For	Debtor 1		Debtor 2		
	Сор	y line 4 here	4.		\$	200.00	\$	9 - 1	N/A	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	ā.	\$	0.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b	).	\$_	0.00	\$_		N/A	
	5c.	Voluntary contributions for retirement plans	50	<b>)</b> .	\$	0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	50	d.	\$	0.00	\$_		N/A	
	5e.	Insurance	5e	€.	\$	0.00	\$_		N/A	
	5f.	Domestic support obligations	5f.		\$	0.00	\$		N/A	
	5g.	Union dues	59	j.	\$	0.00	\$_		N/A	
	5h.	Other deductions. Specify:	5h	1.+	\$	0.00	+ \$_		N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	0.00	\$		N/A	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	200.00	\$_		N/A	
	8b. 8c.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	8a 8b		\$ \$	0.00	\$_ \$_		N/A N/A	
		settlement, and property settlement.	80	<b>)</b> .	\$	0.00	\$		N/A	
	8d.	Unemployment compensation	80	d.	\$	0.00	\$_		N/A	
	8e.	Social Security	86	€.	\$	0.00	\$_		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Foodstamps	e 8f.		\$	167.00	\$		N/A	
	8g.	Pension or retirement income	8g	j.	\$	0.00	\$		N/A	
	8h.	Other monthly income. Specify:	8h	1.+	\$_	0.00	+ \$_		N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	167.00	\$_		N/A	
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$		367.00 + \$		N/A	= \$	367.0
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				307.00		14/7	_	307.0
11.	Incluothe	e all other regular contributions to the expenses that you list in <i>Schedule</i> ide contributions from an unmarried partner, members of your household, your right friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:	depe			•		Schedule 11.		0.0
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certains						12.	\$	367.0

Schedule I: Your Income

13. Do you expect an increase or decrease within the year after you file this form?

Yes. Explain:

Official Form 106I

Combined monthly income

page 2

## 2020 Income from Childcare

Month	January	February	March	April	May	June
Income	700	600	325	200	200	200

Fill	in this information to identify y	our case:					
Deb	ctor 1 Cheryl L Mil	ler			Chec	k if this is:	
Deb	otor 2				_	An amended filing  A supplement show	ving postpetition chapter
(Spo	ouse, if filing)					13 expenses as of	
Unit	ed States Bankruptcy Court for the	: NORTH	ERN DISTRICT OF OHIO		Ī	MM / DD / YYYY	
Cas	se number						
(lf k	nown)						
	fficial Form 106J						
	chedule J: Your	Expen	ses				12/15
Be	as complete and accurate as ormation. If more space is ne mber (if known). Answer eve	s possible. eded, attac ry questior	If two married people ar				r supplying correct
Par 1.	t 1: Describe Your House Is this a joint case?	ehold					
	■ No. Go to line 2.  ☐ Yes. <b>Does Debtor 2 live</b>	in a separa	ite household?				
	☐ No ☐ Yes. Debtor 2 mu	st file Officia	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Debt	or 2.	
2.	Do you have dependents?	■ No					
	Do not list Debtor 1 and Debtor 2.	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the						□ No
	dependents names.						☐ Yes ☐ No
							☐ Yes
							□ No
							☐ Yes ☐ No
							☐ Yes
3.	Do your expenses include expenses of people other t yourself and your depende	han _	No Yes				
Par	t 2: Estimate Your Ongo	ing Monthly	/ Expenses				
exp	imate your expenses as of y penses as of a date after the plicable date.	our bankru	ptcy filing date unless y	ou are using this followed are using the design of the des	orm as a sup	oplement in a Cha e box at the top o	pter 13 case to report f the form and fill in the
Inc	lude expenses paid for with	non-cash g	jovernment assistance i	f you know			
	value of such assistance an ficial Form 106I.)	d have inc	luded it on Schedule I: Y	our Income		Your expe	enses
4.	The rental or home owners payments and any rent for the			nclude first mortgage	e 4. \$		0.00
	If not included in line 4:						
	4a. Real estate taxes				4a. \$		0.00
	4b. Property, homeowner'	•			4b. \$		0.00
	<ul><li>4c. Home maintenance, re</li><li>4d. Homeowner's associa</li></ul>				4c. \$ 4d. \$		0.00
5.	Additional mortgage paym			me equity loans	5. \$		0.00

Debtor 1	Cheryl L Miller	•	Case num	nber (if known)	
S. Utili	ties:				
6a.	Electricity, heat, i	natural das	6a.	\$	0.00
6b.	Water, sewer, ga	•	6b.	·	0.00
6c.		hone, Internet, satellite, and cable services	6c.		94.00
		none, internet, satellite, and cable services		·	
6d.	Other. Specify:		6d.	· -	0.00
	d and housekeepi	•	7.	*	170.00
		n's education costs	8.		0.00
	hing, laundry, and	· ·	9.	\$	0.00
D. Pers	onal care product	s and services	10.	\$	2.00
1. Med	ical and dental ex	penses	11.	\$	0.00
2. Traı	sportation. Includ	e gas, maintenance, bus or train fare.			
Do r	ot include car payn	nents.	12.	\$	30.00
3. Ente	rtainment, clubs,	recreation, newspapers, magazines, and books	13.	\$	0.00
. Cha	ritable contributio	ns and religious donations	14.	\$	0.00
. Insu	rance.	•			
Do r	ot include insurance	e deducted from your pay or included in lines 4 or 2	0.		
	Life insurance	, , , , , , , , , , , , , , , , , , ,	15a.	\$	0.00
15b	Health insurance		15b.	\$	0.00
	Vehicle insurance		15c.	·	71.00
	Other insurance.		15d. 15d.	· -	
		• •		Ψ	0.00
		axes deducted from your pay or included in lines 4 of		<b>c</b>	0.00
Spe	•		16.	\$	0.00
	allment or lease pa		47-	Φ.	0.00
	Car payments for		17a.	· -	0.00
	Car payments for	Vehicle 2	17b.		0.00
17c.	Other. Specify:		17c.	\$	0.00
17d	Other. Specify:		17d.	\$	0.00
		nony, maintenance, and support that you did not		_	0.00
ded	acted from your pa	ay on line 5, <i>Schedule I, Your Income</i> (Official Fo	rm 106I). 18.	· ·	0.00
Oth	er payments you n	nake to support others who do not live with you.		\$	0.00
Spe	cify:		19.		
. Oth	er real property ex	penses not included in lines 4 or 5 of this form o	r on Schedule I: Yo	our Income.	
20a	Mortgages on oth	er property	20a.	\$	0.00
20b	Real estate taxes		20b.	\$	0.00
20c.	Property, homeo	wner's, or renter's insurance	20c.	\$	0.00
		air, and upkeep expenses	20d.	· -	0.00
		sociation or condominium dues	20e.	·	0.00
		sociation of condominatinates		·	
. Oth	er: Specify:			+\$	0.00
. Calo	ulate your month	v expenses			
	Add lines 4 throug	•		\$	367.00
	ū		n 106 l-2	\$	307.00
		thly expenses for Debtor 2), if any, from Official Form	11 1003-2	I	
22c.	Add line 22a and 2	2b. The result is your monthly expenses.		\$	367.00
≀ Cal	ulate your month	v net income			
	-	•	22-	¢	207.00
		ur combined monthly income) from Schedule I.	23a.		367.00
23b	Copy your month	ly expenses from line 22c above.	23b.	-\$	367.00
60	Outstand	office and a second for an arrange of the second se			
23c.		nthly expenses from your monthly income.	23c.	\$	0.00
	The result is your	monthly net income.	∠3C.	Ψ	0.00
1 D-	ou ovecet c= != -=	ones or degrande in value averages within the co-	or offer you file 41.1.	o form?	
		ease or decrease in your expenses within the ye tt to finish paying for your car loan within the year or do you			r decrease because of a
	xample, do you expedication to the terms o		expect your mortgage	payment to increase o	decrease because of a
		Jour mongago:			
<b>=</b> N					
	es. Expla	in here:			

Fill in this	information to identify your	case:			
Debtor 1	Cheryl L Miller				
	First Name	Middle Name	Last Name		
Debtor 2	ng) First Name	Middle Nove	Lost Name		
(Spouse if, filin	ng) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	NORTHERN DISTRICT	Γ OF OHIO		
Case numb	per				
(if known)				] [	☐ Check if this is an
					amended filing
Official	Form 106Dec				
Decla	ration About a	an Individual	Debtor's Sc	hedules	12/15
	oth. 18 U.S.C. §§ 152, 1341, 1		kruptcy case can result i	in fines up to \$250,000, or im	nprisonment for up to 20
Did y	ou pay or agree to pay some	one who is NOT an atto	rney to help you fill out b	pankruptcy forms?	
<b>1</b>	No				
	Yes. Name of person			Attach Pankruntov	Petition Preparer's Notice,
ш	Tes. Name of person				gnature (Official Form 119)
				, ,	,
	penalty of perjury, I declare ney are true and correct.	that I have read the sum	nmary and schedules file	ed with this declaration and	
χ /e	/ Cheryl L Miller		X		
	heryl L Miller		Signature of	Debtor 2	
	gnature of Debtor 1		Oignatal Oil		
_	ate August 7, 2020		Date		

Fil	l in this inforr	nation to identify you	r case:							
De	btor 1	Cheryl L Miller								
D0	htor 2	First Name	Middle Name	Last Name						
1	btor 2 ouse if, filing)	First Name	Middle Name	Last Name						
Un	ited States Ba	nkruptcy Court for the:	NORTHERN DISTRICT C	OF OHIO						
Ca	se number									
1	nown)				_	heck if this is an mended filing				
						-				
<u>O</u>	fficial Fo	<u>rm 107</u>								
St	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/19				
info	ormation. If m	nore space is needed, n). Answer every que	attach a separate sheet to	this form. On the top of an	equally responsible for sup y additional pages, write you					
1.	•	r current marital statu								
	☐ Married ■ Not ma									
2.	During the I	ring the last 3 years, have you lived anywhere other than where you live now?								
	■ No □ Yes. Lis	_								
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	dress:	Dates Debtor 2 lived there				
3. stat					ity property state or territory ico, Texas, Washington and W					
	■ Na									
	■ No □ Yes. Ma	ake sure vou fill out <i>Sci</i>	hedule H: Your Codebtors (Of	fficial Form 106H).						
		,	.oud.orn roun coudstone (c.							
Pa	rt 2 Explai	in the Sources of You	r Income							
4.	Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.									
	□ No									
	_	I in the details.								
			Debter 4		Dahtar 2					
			Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income				
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)				
		of current year untiled for bankruptcy:	☐ Wages, commissions, bonuses, tips	\$1,225.00	☐ Wages, commissions, bonuses, tips					
			Operating a business		☐ Operating a business					

Official Form 107

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deduction and exclusions)
For last calendar year: January 1 to December 31, 2019)	☐ Wages, commissions, bonuses, tips	\$9,000.00	☐ Wages, commissions, bonuses, tips	
	Operating a business		☐ Operating a business	
For the calendar year before that: January 1 to December 31, 2018)	☐ Wages, commissions, bonuses, tips	\$3,394.00	☐ Wages, commissions, bonuses, tips	
	Operating a business		☐ Operating a business	
<ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>				
Yes. Fill in the details.				
	Debtor 1	0	Debtor 2	0
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deduction and exclusions)
From January 1 of current year until he date you filed for bankruptcy:	Life Insurance from Deceased father	\$2,169.00		
	Foodstamps	\$555.00		
For last calendar year: January 1 to December 31, 2019)	Gambling Winnings	\$2,700.00		
	MACC Pension Payout	\$440.00		
For the calendar year before that: January 1 to December 31, 2018 )	<b>Gambling Winnings</b>	\$5,000.00		
		·		

No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

☐ No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

<sup>\*</sup> Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

	Yes. Debtor 1 or Debtor 2 of During the 90 days before				ıl of \$600 or more?	?	
	■ No. Go to line 7	7.					
	☐ Yes List below include pay	each creditor to	estic support obligatio			you paid that creditor. Do not Also, do not include payments to a	ın
	Creditor's Name and Address	D	ates of payment	Total amount paid	Amount you still owe	Was this payment for	
7.	Within 1 year before you filed for Insiders include your relatives; any of which you are an officer, director a business you operate as a sole palimony.  No Yes. List all payments to an in	general partner, person in cor r, person in cor rroprietor. 11 U	ers; relatives of any gentrol, or owner of 20%	neral partners; partne or more of their voting	erships of which you	ou are a general partner; corporation ny managing agent, including one	
	Insider's Name and Address		ates of payment	Total amount paid	Amount you still owe	Reason for this payment	
	insider? Include payments on debts guaran  ■ No □ Yes. List all payments to an ir	nsider	,	T-1-1			
	Insider's Name and Address	D	ates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name	
Pai	t 4: Identify Legal Actions, Rep	ossessions, a	and Foreclosures				
9.	Within 1 year before you filed for List all such matters, including pers modifications, and contract dispute  No Yes. Fill in the details.	sonal injury cas					
	Case title Case number		ature of the case	Court or agency		Status of the case	
	Midland Funding vs. Cheryl Miller 17 CVF 547		ollection	Marion Municipal Court 233 West Center Street City Hall Marion, OH 43302		☐ Pending ☐ On appeal ☐ Concluded	
	Portfolio Recovery Associates vs. Cheryl Miller 17 CVF 520		collection	Marion Municip 233 West Cente City Hall Marion, OH 433	er Street	☐ Pending ☐ On appeal ☐ Concluded	
	Portfolio Recovery Associat Cheryl Miller 17 CVF 663	es vs. C	collection	Marion Municip 233 West Cente City Hall Marion, OH 433	er Street	☐ Pending ☐ On appeal ☐ Concluded	

Case number (if known)

Debtor 1 Cheryl L Miller

10.	Within 1 year before you filed for bankr Check all that apply and fill in the details b		was any of your property repossessed, foreclosed	d, garnished, attached	d, seized, or levied?			
	■ No. Go to line 11. □ Yes. Fill in the information below.							
	Creditor Name and Address	D	escribe the Property	Date	Value of the			
		E	xplain what happened		property			
	Militia 00 days before your file of the book							
11.	accounts or refuse to make a payment		, did any creditor, including a bank or financial in e you owed a debt?	stitution, set off any a	amounts from your			
	Yes. Fill in the details.	D	occribe the action the graditar took	Data action was	Amount			
	Creditor Name and Address	D	escribe the action the creditor took	Date action was taken	Amount			
12.	Within 1 year before you filed for bankr court-appointed receiver, a custodian, o		was any of your property in the possession of an her official?	assignee for the bene	efit of creditors, a			
	■ No							
	☐ Yes							
Par	t 5: List Certain Gifts and Contributio	ns						
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No							
	Yes. Fill in the details for each gift.	00	Paradia dia alte	D-1	Walne			
	Gifts with a total value of more than \$6 per person	UU	Describe the gifts	Dates you gave the gifts	Value			
	Person to Whom You Gave the Gift and Address:	t						
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No Yes. Fill in the details for each gift or contribution.							
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Con		Describe what you contributed	Dates you contributed	Value			
Par	t 6: List Certain Losses							
15.	Within 1 year before you filed for bankr or gambling?	uptcy o	r since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster,			
	■ No							
	☐ Yes. Fill in the details.							
	Describe the property you lost and how the loss occurred	Date of your loss	Value of property lost					
Par	t 7: List Certain Payments or Transfel	's						
			did balanta and a satism of a same balanta and					
16.	consulted about seeking bankruptcy or	prepar	did you or anyone else acting on your behalf pay ring a bankruptcy petition? ers, or credit counseling agencies for services require		rty to anyone you			
	□ No							
	Yes. Fill in the details.							
	Person Who Was Paid Address Email or website address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment			
Offici	Person Who Made the Payment, if Not al Form 107 St		of Financial Affairs for Individuals Filing for Bankruptcy		page 4			
			5 · · · · · · · · · · · · · · · · · · ·		L 310 .			

Case number (if known)

Debtor 1 Cheryl L Miller

Debtor 1 Cheryl L Miller	Cas	se number (if known)	
Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any propert transferred	y Date payment or transfer was made	Amount of payment
M. Elizabeth Martindell, Esq. LLC 1241 East Center Street Ste. C Marion, OH 43302 ElizabethMartindell@gmail.com	Attorney Fees and costs		\$1,015.00
M. Elizabeth Martindell, Esq. LLC 1241 East Center Street Ste. C Marion, OH 43302 ElizabethMartindell@gmail.com	Court filing fees		\$335.00
<ul> <li>Within 1 year before you filed for bankrupte promised to help you deal with your credit. Do not include any payment or transfer that you have a possible.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>	ors or to make payments to your creditors?	ehalf pay or transfer any prope	rty to anyone who
Person Who Was Paid Address	Description and value of any propert transferred	y Date payment or transfer was made	Amount of payment
CareOne Debt Relief Services 9755 Patuxent Woods Dr Ste 100 Columbia, MD 21046-2288	Debtor paid \$337/month for abou year. Her last payment was made around September 2015 and they negotiated and paid down about accounts	2014-2015 /	\$4,044.00
<ul> <li>Within 2 years before you filed for bankrup transferred in the ordinary course of your I Include both outright transfers and transfers minclude gifts and transfers that you have alrea</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>	business or financial affairs? nade as security (such as the granting of a secu		
Person Who Received Transfer Address	property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			
<ul> <li>Within 10 years before you filed for bankru beneficiary? (These are often called asset-pi</li> <li>No</li> </ul>		settled trust or similar device	of which you are a
☐ Yes. Fill in the details.  Name of trust	Description and value of the property	v transferred	Date Transfer was
	2000 phone and value of the property		_ 4404110101 1743

made

Debtor 1 Cheryl L Miller Case number (if known)

Pai	t 8:	List of Certain Financial Accounts, In	strun	nents, Safe Deposi	t Boxes, and St	orage Unit	ts	
20.	sold, Inclu	in 1 year before you filed for bankrupto , moved, or transferred? de checking, savings, money market, o	or oth	ner financial accou	nts; certificates	of deposi		, ,
	houses, pension funds, cooperatives, associations, and other financial institutions.  No							
		Yes. Fill in the details.						
		ne of Financial Institution and ress (Number, Street, City, State and ZIP )		t 4 digits of ount number	Type of account instrument	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.		ou now have, or did you have within 1 , or other valuables?	year	before you filed fo	r bankruptcy, ar	ny safe de <sub>l</sub>	posit box or other deposit	tory for securities,
		No						
		Yes. Fill in the details.						
		ne of Financial Institution ress (Number, Street, City, State and ZIP Code)		Who else had ac Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have	you stored property in a storage unit	or pla	ace other than you	r home within 1	year befor	re you filed for bankruptcy	y?
		No						
		Yes. Fill in the details.						
		ne of Storage Facility ress (Number, Street, City, State and ZIP Code)		Who else has or to it? Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
Pai	f 9·	Identify Property You Hold or Control	l for S	Someone Fise				
23.	Do y	ou hold or control any property that so omeone.			ude any propert	ty you bor	rowed from, are storing fo	or, or hold in trust
	_	No Yes. Fill in the details.						
		ner's Name		Where is the pro	nerty?	Describe	the property	Value
	-	ress (Number, Street, City, State and ZIP Code)		(Number, Street, City, Code)		Describe	the property	Value
Pai	t 10:	Give Details About Environmental Inf	orma	tion				
For	the pu	urpose of Part 10, the following definiti	ions a	apply:				
	toxic	ronmental law means any federal, state substances, wastes, or material into t lations controlling the cleanup of these	he ai	r, land, soil, surfac	e water, ground	• .	•	
		means any location, facility, or propert vn, operate, or utilize it, including disp	•	•	environmental l	aw, wheth	er you now own, operate,	or utilize it or used
		ardous material means anything an env rdous material, pollutant, contaminant			as a hazardous	waste, ha	zardous substance, toxic	substance,
Rep	ort all	notices, releases, and proceedings th	at yo	u know about, reg	ardless of when	they occu	ırred.	
24.	Has	any governmental unit notified you tha	t you	may be liable or p	otentially liable	under or i	n violation of an environn	nental law?
	_	No Yes. Fill in the details.						
		ne of site ress (Number, Street, City, State and ZIP Code)		Governmental ur Address (Number, S ZIP Code)			onmental law, if you it	Date of notice

25.	Ha	ve you notified any governmental unit of	f any	release of hazardous material?				
		No Yes. Fill in the details.						
	_							
		ame of site ddress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)		Environme know it	ntal law, if you	Date of notice
26.	Ha	ve you been a party in any judicial or ad	minis	trative proceeding under any envi	ironm	nental law?	Include settlements	and orders.
		No Yes. Fill in the details.						
		ase Title ase Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nati	ure of the c	ase	Status of the case
Par	t 11	: Give Details About Your Business or	Con	nections to Any Business				
27.	Wit	thin 4 years before you filed for bankrup	otcy, c	lid you own a business or have an	y of	the followir	ng connections to an	y business?
		☐ A sole proprietor or self-employed	in a t	rade, profession, or other activity,	eithe	er full-time	or part-time	-
		☐ A member of a limited liability com	pany	(LLC) or limited liability partnersh	ip (Ll	LP)		
		☐ A partner in a partnership						
		☐ An officer, director, or managing ex	xecut	ive of a corporation				
		☐ An owner of at least 5% of the votin	ng or	equity securities of a corporation				
		No. None of the above applies. Go to	Part	12.				
		Yes. Check all that apply above and fil	ll in tl	ne details below for each business	S.			
	Business Name			Describe the nature of the business			Identification number	
		ddress umber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper			Do not include Social Security number or ITIN.  Dates business existed		
	Se	elf-employed	Ва	bysitting		EIN:	XXX-XX-2009	
		l0 Bennett St. arion, OH 43302	De	btor		From-To	2016-present	
28.		thin 2 years before you filed for bankrup	otcy, c	lid you give a financial statement t	to an	yone about	your business? Incl	ude all financial
	_	•						
		No Yes. Fill in the details below.						
	_	ame	Da	te Issued				
		ddress umber, Street, City, State and ZIP Code)						
Par	t 12	Sign Below						
are t	rue a b	ead the answers on this <i>Statement of Fi</i> and correct. I understand that making a cankruptcy case can result in fines up to C. §§ 152, 1341, 1519, and 3571.	a false	e statement, concealing property,	or ob	taining mo	ney or property by fr	
		eryl L Miller						
		I L Miller ure of Debtor 1		Signature of Debtor 2				
Dat	е	August 7, 2020		Date				
	lo	attach additional pages to Your Statem	ent o	f Financial Affairs for Individuals I	Filing	ı for Bankrı	<i>uptcy</i> (Official Form 1	07)?
☐ Y Offici		orm 107 Stater	nent o	f Financial Affairs for Individuals Filing	g for E	Bankruptcy		page

Debtor 1	Cheryl L Miller	Case number (if known)	
Did you pa	y or agree to pay someone who is not an attorney to help you fill out bar	nkruptcy forms?	
■ No			
☐ Yes. Na	me of Person Attach the Bankruptcy Petition Preparer's Notice, Decla	aration, and Signature (Official Form 119).	

Fill in this infor	rmation to identify your c	case:		
Debtor 1	Cheryl L Miller			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DIS	TRICT OF OHIO	
Case number				
(if known)				☐ Check if this is an
				amended filing
Official Fo	orm 100			
				_
Stateme	nt of Intentio	n for Indi\	/iduals Filing Under Chapte	r <b>7</b> 12/15
If you are an inc	dividual filing under chap	oter 7, you must fil	ll out this form if:	
creditors have	ve claims secured by you	ır property, or		
	sed personal property ar			
			you file your bankruptcy petition or by the date set	
which on the		e court extends th	e time for cause. You must also send copies to the	creditors and lessors you list
On the	FIOTH			
		in a joint case, bo	oth are equally responsible for supplying correct inf	ormation. Both debtors must
sign a	and date the form.			
Be as complete	and accurate as possibl	e. If more space is	s needed, attach a separate sheet to this form. On the	he top of any additional pages,
	your name and case num		,	, ,
Part 1: List Y	Your Creditors Who Have	Secured Claims		
1. For any credi	itors that you listed in Pa	rt 1 of Schedule D	: Creditors Who Have Claims Secured by Property	(Official Form 106D), fill in the
information b	pelow.			
Identify the c	reditor and the property th	nat is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's			☐ Surrender the property.	□ No
name:			☐ Retain the property and redeem it.	<b></b>
Description of	√f		Retain the property and enter into a	☐ Yes
property	,,		Reaffirmation Agreement.	
securing debt	t·		☐ Retain the property and [explain]:	
Securing debi	ι.			-
Creditor's			☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	2110
			☐ Retain the property and enter into a	☐ Yes
Description of	of		Reaffirmation Agreement.	
property			☐ Retain the property and [explain]:	
securing debt	t:			_
Creditor's				
			☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	☐ Yes
Description of	of		☐ Retain the property and enter into a Reaffirmation Agreement.	<b>ப</b> 163
property			☐ Retain the property and [explain]:	
securing debt	t:			

Official Form 108

Creditor's

Statement of Intention for Individuals Filing Under Chapter 7

☐ Surrender the property.

☐ No

Debtor 1	Cheryl L Miller	Case number (if kno	wn)
proper	ption of ty ng debt:	<ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul>	☐ Yes
in the inf	ormation below. Do not list real estate lease	lases listed in Schedule G: Executory Contracts and Unexpes. Unexpired leases are leases that are still in effect; ase if the trustee does not assume it. 11 U.S.C. § 365(	the lease period has not yet ended.
Describe	e your unexpired personal property leases		Will the lease be assumed?
Lessor's Descripti Property:	on of leased		□ No □ Yes
Lessor's Descripti Property:	on of leased		□ No
Lessor's Descripti Property:	on of leased		□ No □ Yes
Lessor's Descripti Property:	on of leased		□ No
Lessor's Descripti Property:	on of leased		□ No □ Yes
Lessor's Descripti Property:	on of leased		□ No □ Yes
Lessor's Descripti Property:	on of leased		□ No
Part 3:	Sign Below		☐ Yes
Under pe		ted my intention about any property of my estate that	secures a debt and any personal
X /s/	Cheryl L Miller	X	
Che	eryl L Miller nature of Debtor 1	Signature of Debtor 2	
Date	e August 7, 2020	Date	

Fill i	n this information to identify your case:		Ch	neck one	hox only as d	irected in this form and	Lin Form
Deb	tor 1 Cheryl L Miller			2A-1Sup			
1	tor 2			■ 1. The	ere is no pres	umption of abuse	
` '	use, if filing)	f Ohio		☐ 2. The	calculation t	o determine if a presur	nption of abuse
Office	ed States Bankruptcy Court for the: Northern District o	Offic				nade under <i>Chapter 7 i</i> cial Form 122A-2).	Means Test
Cas (if kno	e number			_	,	does not apply now be	accuse of
	,					service but it could ap	
				☐ Ched	k if this is a	n amended filing	
Off	icial Form 122A - 1						
Ch	apter 7 Statement of Your Cur	rent Moi	nthly Inc	ome			04/20
attacl case	complete and accurate as possible. If two married people as a separate sheet to this form. Include the line number to wnumber (if known). If you believe that you are exempted froitying military service, complete and file Statement of Exempted 1:  Calculate Your Current Monthly Income	hich the addition n a presumption	nal information a of abuse becau	applies. C	n the top of a	ny additional pages, writ narily consumer debts o	e your name and r because of
1.	What is your marital and filing status? Check one or	ily.					
	■ Not married. Fill out Column A, lines 2-11.	•					
	☐ Married and your spouse is filing with you. Fill ou	ıt both Columns	A and B, lines	2-11.			
	$\square$ Married and your spouse is NOT filing with you.	You and your s	spouse are:				
	$\square$ Living in the same household and are not lega	Ily separated.	Fill out both Co	olumns A	and B, lines 2	2-11.	
	☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evadir	egally separated	d under nonbar	nkruptcy l	aw that applie	es or that you and your	
10 th	II in the average monthly income that you received from all 01(10A). For example, if you are filing on September 15, the 6-me 6 months, add the income for all 6 months and divide the total bouses own the same rental property, put the income from that p	onth period would by 6. Fill in the re	l be March 1 thro sult. Do not inclu	ugh Augus de any inc	t 31. If the amo	ount of your monthly incomore than once. For examp	ne varied during le, if both
				Column Debtor		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and commission	ons (before all	\$	288.00	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	payments from	a spouse if	\$	0.00	\$	
4.	All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3.	Include regular I, your depende	r contributions nts, parents,	\$	0.00	\$	
5.	Net income from operating a business, profession,						
			otor 1				
	Gross receipts (before all deductions)	\$ <u>0.00</u> -\$ <u>0.00</u>					
	Ordinary and necessary operating expenses  Net monthly income from a business, profession, or fari		Copy here ->	· \$	0.00	\$	
6.	Net income from rental and other real property	ΠΨ		· —		·	
5.		Dek	otor 1				
	Gross receipts (before all deductions)	\$ 0.00					
	Ordinary and necessary operating expenses	-\$ 0.00	_				
	Net monthly income from rental or other real property	\$0.00	Copy here ->		0.00	\$	
7.	Interest, dividends, and royalties			\$	0.00	φ	

7. Interest, dividends, and royalties

Unemployment compensation  Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  For you	btor 1	Cheryl L Miller			Case nu	mber (if known)			
Do not confart the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  For your spouse  Social Security Act. Instead, list it here:  For your spouse  Social Security Act. Also, except as stated in the next sentence, do not include any compensation, person, pay, annutry, or allowance paid by the United States Government in connection with a disability, combinat-related ripury or disability, or denivorance paid by the United States Government in connection with a disability, combinat-related ripury or disability, or denivorance paid by the United States Government in connection with a disability, combinat-related ripury or disability, or denivorance paid by the United States Government in connection with a disability, combinated and the second of the uniformed services. If you received any retired does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of till of 0 other than charpeted 10 that this combinate of the second of the second under the National Emergencies Act (50 u.S. C. 1601 et seq.) with respect to the corneavirus diseases 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism can crime against humanity, or international or domestic terrorism can crime against humanity, or international or domestic terrorism can be under the humanity of the connection of the connection of compensation pension, pay, annulty, or allowance paid by the United States of the connection of the provision of the sequence of the uniform desertions. If necessary, list other sources on a separate page and put the total below.  **Life Insurance Proceeds**  **Life Insurance Proceeds**  **Satisfy Total amounts from separate pages, if any.  **Calculate your total current monthly income services. If necessary, list other sources on a separate page and put the total below.  **Life Insurance Proceeds**  **Determine Whether the Means Test Applie							Debtor 2 o		
the Social Security Act. Instead, list it here: For your spouse S Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Concernment in commection whils a disability, combet-related rijucy or United States Concernment in commection whils a disability, combet-related rijucy or United States Concernment in commection with a disability, combet-related rijucy or United States Concernment in commection with a disability, combet-related rijucy or United States Concernment in Commercial and the source and amount. Do not include any provision of title 10 other than chapter 61 of that title.  S 750.00 \$  750	ι	nemployment compensation			\$	0.00	\$		
Porsion or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, or delevance paid by the United States Government in connection with a disability, or delevance paid by the United States Government in connection with a disability or delevance paid by the United States Government in connection with a disability, or delevance paid by the United States Government in criterio pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.  Some form all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the crime, a crime against humanity or international or domestic terrorism or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combart-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total fellow.  Life Insurance Proceeds  Some fine services of the uniformed services. If necessary, list other sources on a separate page and put the total below.  Life Insurance Proceeds  Some fine services of the se	tł	e Social Security Act. Instead, list it here:							
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter of 10 fittle 01, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.  Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Pational Emergence Act (So U. S. C. 16) of et see,) with respect to the control of the respect of the respect to the compensation part of the uniform and paid the Pational Emergence Act (So U. S. C. 16) of et see,) with respect to the compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.  Life Insurance Proceeds  \$ 361.00 \$  Total amounts from separate pages, if any.  Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  Calculate your current monthly income for the year. Follow these steps:  12a. Copy your total current monthly income for the year. Follow these steps:  12b. The result is your annual income for the year. Follow these steps:  Fill in the median family income that applies to you. Follow these steps:  Fill in the median family income for your state and size of household.  1		For you \$	0.00	_					
benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, persion, pay, annuity, or allowance paid by the United States Government in connection with a disability, or dearly or disability, or dearly of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of referd pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.  In micrower form all other sources not listed above. Specify the source and amount. Do not include any benefits received in the 50cal Security Act, payments made for the National Emergences and (50 LS of 10 tel scan), and the control of the National Emergences and (50 LS of 10 tel scan), and the control of the National Emergences and (50 LS of 10 tel scan), and the control of the National Emergences and (50 LS of 10 tel scan), and the control of the National Emergences and (50 LS of 10 tel scan), and the control of the National Emergences and (50 LS of 10 tel scan), and the control of the National Emergences and (50 LS of 10 tel scan), and the control of the National Emergences and (50 LS of 10 tel scan), and the control of the National Emergences and (50 LS of 10 tel scan), and the control of the National Emergences and (50 LS of 10 tel scan), and the control of the National Emergences and (50 LS of 10 tel scan), and the control of the National Emergences and (50 LS of 10 tel scan), and the control of the National Emergences and (50 LS of 10 tel scan), and the Control of the National Emergences and (50 LS of 10 tel scan), and the United States of Covernment in Comment of the Social Security of death of a market of the Social Security of death of a market of the Social Security of death of the Social Security of death of the Social Security of t				_					
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		X /s/ Cheryl L Miller							
		Chervl L Miller							

Debtor 1	Cheryl L Miller	Case number (if known)	
	Signature of Debtor 1		
Da	te August 7, 2020 MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form.		

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter '	<b>7</b> :	Liquidation
\$	245	filing fee
;	\$75	administrative fee
<u>+                                    </u>	\$15	trustee surcharge
\$	335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcv\_fo

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### United States Bankruptcy Court Northern District of Ohio

In re	Cheryl L Miller			Case No	).			
			Debtor(s)	Chapter				
	DISCLO	SURE OF COMPENS	SATION OF ATTO	RNEY FOR I	DEBTOR(S)			
c	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:							
	For legal services, I ha	ave agreed to accept		\$	1,015.00			
	Prior to the filing of th	nis statement I have received		s	1,015.00			
	Balance Due			\$	0.00			
2. 7	The source of the compens							
	■ Debtor □	Other (specify):						
3. 7	The source of compensation	n to be paid to me is:						
	■ Debtor □	Other (specify):						
4. l	■ I have not agreed to sha	are the above-disclosed compens	sation with any other person	n unless they are me	mbers and associates of my law fir	m.		
I		the above-disclosed compensatio together with a list of the names			ers or associates of my law firm. A ttached.			
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:								
t c	<ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed.</li> </ul>							
6. I	Representation	tor(s), the above-disclosed fee do n of the debtors in any disch rsary proceeding.			nces, relief from stay actions o	or		
		(	CERTIFICATION					
	certify that the foregoing ankruptcy proceeding.	is a complete statement of any ag	greement or arrangement fo	or payment to me for	r representation of the debtor(s) in			
A	ugust 7, 2020		/s/ M. Elizabeth	Martindell				
Date			M. Elizabeth Martindell 0083920					
			Signature of Attorn M. Elizabeth Ma	<i>ւеу</i> rtindell, Esq. LLC	,			
			1241 East Cente					
			Ste. C	no				
			Marion, OH 4330 (740)382-6588	oz Fax: (740)375-537	2			
			ElizabethMartin	dell@gmail.com				
			Name of law firm					

### United States Bankruptcy Court Northern District of Ohio

In re	Cheryl L Miller	Debtor(s)	Case No. Chapter	7						
VERIFICATION OF CREDITOR MATRIX										
The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.										
Date:	August 7, 2020	/s/ Cheryl L Miller Cheryl L Miller								
		Signature of Debtor								

CBHV PO Box 831 Newburgh, NY 12551-0831

Choice Recovery 1105 Schrock Road Columbus, OH 43229

Comenity Bank P.O. Box 182273 Columbus, OH 43218-2273

DNF Associates 352 Sonwil Dr Cheektowaga, NY 14225

First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107

James Colabianchi Jr 120 Corporate Blvd Norfolk, VA 23502

Javitch Block LLC 1100 Superior Ave 19th Floor Grahn, KY 41142-5210

Kohl's Payment Center PO Box 2983 Milwaukee, WI 53201-2983

Mdnght Vlvt 1112 7th Ave Monroe, WI 53566

Meade & Associates Inc 737 Enterprise Dr Lewis Center, OH 43035-9436

Midland Funding 320 East Big Beaver Troy, MI 48083 Midwst Rcvry 514 Earth City Plaza Earth City, MO 63045

Physicians Credit Bureau PO Box 2051 New Albany, OH 43054

Portfolio Recov Assoc 120 Corporate Blvd Ste 100 Norfolk, VA 23502

Receivables Performance Management PO Box 1548
Lynnwood, WA 98046-1548

Sears/cbna Po Box 6217 Sioux Falls, SD 57117

Van Ru Credit Corporation 1350 E Touhy Ave Ste 300E Des Plaines, IL 60018-3342

Verizon PO Box 25505 Lehigh Valley, PA 18002-5505